

Amendments to the Claims

Claim 1 (Currently amended): A computer-assisted method of creating a virtual health care network that spans multiple states and seeks to maximize health care savings while minimizing the inconvenience to participants in changing health care providers, the method comprising:

providing one or more health care networks in each of the states for analysis wherein each of the health care networks comprises a plurality of health care providers;

for each of the health care networks, collecting information concerning utilization of the health care providers in the network;

computing a measure of network utilization for each of the networks using a computer wherein the measure of network utilization is selected from the set consisting of the number of participants who utilize a health care provider in the network, the percentage of participants who utilize health care providers in the network, a total health care costs in the network, a percentage of health care costs in the network;

comparing the measures of network utilization for the health care networks in the same state;

selecting one or more health care networks for each state based on the measures of network utilization to provide a subset of health care networks for each state;

of the health care networks in a particular state, projecting future health care savings for one or more of the networks;

selecting one or more of the health care networks per state having the highest projected savings from the subset of health care networks for each state, the selected one or more of the health care networks per state forming a smaller set than the subset of health care networks; and

forming a virtual health care network from the selected networks to thereby maximize health care savings while minimizing inconvenience to participants in changing health care providers for participants in the virtual health care network.

Claim 2 (Original): The method of claim 1 wherein the future health care savings are projected based upon historical health care costs for participants, health care network discounts and a portion of the historical health care costs projected to fall to a health care provider in the network.

Claim 3 (Original): The method of claim 1 wherein the health care network is a managed care network.

Claim 4 (Original): The method of claim 3 wherein the managed care network is a preferred provider organization (PPO).

Claims 5-8 (Cancelled).

Claim 9 (Currently amended): A computer-assisted method of designing a virtual PPO network from a plurality of networks that seeks to maximize savings under the plan, each of the networks comprising a plurality of health care providers, the method comprising: for each of the group health care networks, collecting information concerning the number of potential plan participants who utilize a health care provider under the networks;

determining utilization for each of the networks based upon the number of potential plan participants who utilize a health care provider under the networks;
comparing the utilizations for the networks;
identifying a subset of the networks with the highest utilization, the subset of the networks less than a total number of networks;
for each of the subset of the networks having with the highest utilization, calculating future savings for the network based upon historical health care costs for plan participants, network discounts, and a portion of the historical health care costs projected to fall to a health care provider in the network, wherein the step of calculating is performed using a computer; and
selecting one or more of the networks having the greatest future savings.

Claim 10 (Original): The method of claim 9 wherein the network is a preferred provider organization (PPO).

Claim 11 (Original): The method of claim 10 wherein the PPO is selected for a particular state.

Claim 12-19 (Cancelled).